

# Health Department, City of Baltimore.

Permit No. A 1390 Office of Registrar of Vital Statistics, Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Edward Perrine

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 11 months

Place of Death, { Give Street and Number. } 1602 Latrobe St.

Cause of Death, { First (Primary), } Pneumonia

{ Second (Immediate), } Ecclampsia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18th

Edmund A. Gibbs

M. D.

Medical Attendant.

{ Undertaker, H. C. Wiedefeld

{ Place of Business, 916 Greenmount Ave. Address, 431 E. Lawrence St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is especially invited to the following, and to have it disseminated throughout the city:

# Health Department, City of Baltimore.

Permit No. A 1391 Office of Registrar of Vital Statistics.

Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Shaw Franklin.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 2 hours Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1364 Franklin.

Duration of Residence in the City of Baltimore.

Place of Death, { Give Street and Number. } 1364 Franklin. North

Cause of Death, { First (Primary), Premature birth - 9 months child. . . . . Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, At Franklin Cemetery.

Date of Burial, July 18<sup>th</sup>. M. D. Human F. Hill

{ Undertaker, H. Franklin Medical Attendant.

{ Place of Business, Franklin Building Address, 17 N. Calum St.

Extract from Regulations of the Board of Health to secure full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department City of Baltimore.

Permit No. A 1392

Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Infant of Mary &amp; William Griffin

Sex, Male or Female, { Cross out the word not required in this line.

Age, — Years, — Months, / Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Bullock

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number.

1334 Whatcoat St

Cause of Death, { First (Primary), Second (Immediate).

Hemorrhage of Trachea

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 18<sup>th</sup> 1887

James &amp; Anna M. D.

Undertaker, A. H. Molloy

Medical Attendant Aug 18<sup>th</sup>

Place of Business, 651 Orchard St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

M. C. Roberts Inspector

[OVER.]

The Special Attention of Physicians is respectfully invited to the regulations below, and to list of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. A 1393

Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bessie Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

0

Years,

7

Months,

Days.

Color,

Dark brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

7 Months

Place of Death, { Give Street and Number. }

932 No 58 (old No) Foster Alley

Cause of Death, { First (Primary),  
Second (Immediate), }

Hot Weather

Cholera Infantum

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 18<sup>th</sup> 1887

Benj F. Bohm M. D.

Medical Attendant.

Undertaker, Alex Hensley

Place of Business, 56 W. Richards Address, cor Mulberry & Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

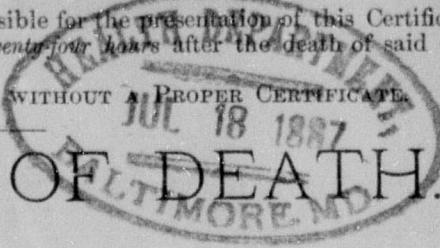
[over.]

# Health Department, City of Baltimore.

Permit No. A 1394 Office of Registrar of Vital Statistics. Ward 19n

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July - 16<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna Bishop

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 27. Bruce St (old no)  
Alvona Bldg.

Cause of Death, { First (Primary),  
Second (Immediate), }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 18<sup>th</sup> 1887

{ Undertaker, H. J. Dungee

{ Place of Business, 150 East St

Arman F. Kile M. D.

Medical Attendant.

Address, 17 N. Calum St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No.

1395 Office of Registrar of Vital Statistics. Ward 19.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 16. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1402 Cains St

Cause of Death, { First (Primary), Enteritis Colitis  
Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 18<sup>th</sup>, 1887

{ Undertaker, Mr. J. Dungee }

{ Place of Business, 150 East St }

J. W. Hensley M. D.

Medical Attendant.

Address, 1002 Edmunds Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

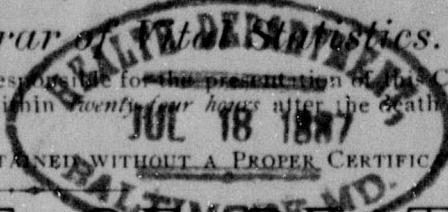
# Board of Health, City of Baltimore.

Permit No. A

1396 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of his Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



9<sup>th</sup>

(D)

## CERTIFICATE OF DEATH.

Date of Death,

July 15<sup>th</sup> 3:30 P.M.

Full Name of Deceased, { Written legibly and spell correctly. If an infant not named, give names of parents. }

Charlotte Welsh

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

2

Months,

Days.

Color,

Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation

Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

all her life

Place of Death, { Give street and Number. }

609 Second St

Chelsea Infirmary

Cause of Death, {

First (Primary),

Exhaustion.

Second (Immediate).

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18<sup>th</sup> 1887

J.B. Saunders M.D.

Undertaker, F. J. Dunigan

Medical Attendant.

Place of Business, 150 East St

Address, City Corp Disp

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A/397 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 16<sup>th</sup>, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Eliza Kraus

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (10 yrs)

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Consumption  
Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 18

{ Undertaker, S. F. Traenster }

{ Place of Business, Hanover st }

Oscar J. Loring M. D.  
Medical Attendant  
Address, 624 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

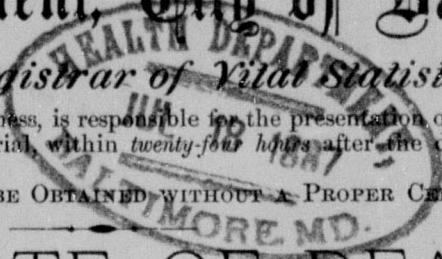
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. A 1398 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

July 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catharine H Munder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 95 Years, Months, Days.

Color,

w

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Germantown

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give Street and Number. }

1035 St Paul St

Cause of Death, { First (Primary), Second (Immediate), }

Senility

Congestion of Brain

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 18th 87

H. W. Webster

M. D.

Medical Attendant.

{ Undertaker, H. W. Webster

{ Place of Business, Particulars

Address, 106 Barron

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1399 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

15 Years

Place of Death, { Give Street and Number. }

207 N. Frederick

Cause of Death, { First (Primary),  
Second (Immediate), }

Incolation

April

Duration of Last Sickness,

1 hr

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

D. Scott

M. D.

Date of Burial, July 18<sup>th</sup> 1887

{ Undertaker, T. H. Allison

Medical Attendant.

{ Place of Business, N. Gay St

Address,

403 N. E. 4.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]